

# Manchester Home Care Associates Limited

## CASA Warrington

### Inspection report

Tannery Court  
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Warrington  
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Tel: 01925577198

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12 January 2016  
13 April 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of CASA (Care and Share Associates) Warrington on 12 January 2016 and contacted people receiving care services and their relatives on 14 January 2016. It is with the consent of those using the service and their relatives we have included their comments in this report. We also visited the agency on 13 April 2016.

The agency registered as 2nd Floor Terraces corrected its registration with the Care Quality Commission (CQC) to CASA Warrington following our visit on 12 January. This was our first inspection of the agency.

The agency is part of the CASA group and new to the Warrington area. The agency provides care and support to people living in their own homes, a night sitting service and support for people to attend educational training and work.

The care director is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All potential new staff attended classroom based induction for five days prior to the offer of employment with CASA.

Staff were knowledgeable about safeguarding and recognising the signs of potential abuse. We found that safeguarding concerns had been managed appropriately since the agency started operating.

There were arrangements in place to help protect people from abuse.

We found that carers completed medication administration training during induction and found records available to demonstrate that their competence had been assessed by senior staff once employed.

Individual risk assessments were completed for people who used the service, including assessment of any environmental risks, and staff were provided with information as to how to manage risks.

We found people were always involved in the planning and reviewing of the care provided.

Staff had received training regarding the expectations of the agency and its policies and procedures before starting work. New staff worked alongside more experienced staff until they gained sufficient experience.

Staff were enrolled to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Care plans instructed staff of the individual's needs and included information of what tasks they could do for themselves.

People using the agency were supported by individuals with whom they felt comfortable.

People's needs were assessed prior to commencing a service to make sure the agency could meet their identified needs.

Care plans were detailed and provided information to help staff understand how people liked to be supported. Staff were knowledgeable about people's health needs.

The agency had a complaints procedure and complaints were managed effectively.

The agency had a registered manager and a nominated person in charge of the day to day running of the business. Both people demonstrated a good knowledge of the business and the needs of the people using the agency.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People using the service and their relatives told us they felt safe. We were told that people working at the agency; "Go above and beyond" and "They are very experienced, they are very able". "I am very happy", "I am more than happy", "they are very good".

There was a thorough induction programme in place for staff so that they were equipped to take on the caring role.

Staff worked alongside more experienced colleagues so they were familiar with those people they were employed to support.

There were arrangements in place to help protect people from abuse.

### Is the service effective?

Good ●

The service was effective.

People receive support from staff familiar to them.

Staff received regular support from senior staff so they could carry out their role effectively.

Staff received induction and on-going training.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Relatives and those people who needed support were involved in

the planning of their care.

### Is the service responsive?

Good ●

The service was responsive.

Before people started to use the services of CASA their needs were assessed to make sure the agency could meet their identified needs.

Care plans were detailed and provided information to help staff understand how people liked to be supported. Staff were knowledgeable about people's health needs.

The agency had a complaints procedure and relatives confirmed that they knew how and to whom they could complain should the need arise. We found that complaints were dealt with effectively.

### Is the service well-led?

Good ●

The service was well-led.

The agency had a registered manager.

The statement of purpose and service users' guide identified the aims, objectives and philosophy of the agency.

Staff spoke positively about the leadership of the agency. Relatives and staff told us that all senior staff were approachable.

Quality monitoring systems were in place to monitor the performance and standards of the care provided by the agency.

# CASA Warrington

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 January 2016 and was unannounced. A further visit took place on 13 April 2016 following a change of name, the provider was given 48 hours' notice because we wanted to check specific records and meet with the person responsible for the day to day running of the agency.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. On this occasion we did not request the provider complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service. We contacted the local authority contracts quality assurance team to seek their views.

We reviewed eleven care records of people supported by the agency and spoke with three people by telephone. We examined the staff training records and spoke with the trainer employed by CASA. We looked at seven staff recruitment files and interviewed three care staff. We saw a selection of records relating to the management of the service such as policies and procedures and complaints. We also spoke with the registered manager, the person in day to day control of the agency, two senior care staff and someone from human resources during our inspection.

# Is the service safe?

## Our findings

We spoke with two relatives of people receiving care and one person receiving support from CASA. They told us that they felt safe, or they felt their loved ones were safe and well looked after by the agency.

Comments about staff included: "Go above and beyond"; "They are very experienced, they are very able"; "I am very happy"; "I am more than happy"; "They are very good".

All potential new starters attended classroom based induction for five days prior to the offer of employment with CASA. We saw that training consisted of health and safety; infection control; food hygiene; moving and handling; safeguarding; medication; emergency aid and dementia awareness. Facilities were available at the agency offices to deliver training.

A safeguarding policy was available and staff were required to read it and attend training as part of their induction. Staff were knowledgeable about safeguarding and recognising the signs of potential abuse. We found that safeguarding concerns had been managed appropriately since the agency started operating. Staff also were required to read the agency's whistle-blowing policy as part of their induction. This provided them with information on how to raise concerns should they have any anxiety regarding the practice demonstrated by colleagues.

There were arrangements in place to help protect people from financial abuse. We saw that policies and procedures had been developed to instruct and inform staff of the process and the records required.

We found that carers completed medication administration training during induction and found records available to demonstrate that their competence had been assessed by senior staff once employed.

Individual risk assessments were completed for people who used the service, including assessment of any environmental risks, and staff were provided with information as to how to manage risks. Risk assessments we read included information for staff about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Staff we spoke with were familiar with the risks and knew what steps needed to be taken to manage them. Relatives confirmed that staff always wore gloves and aprons when providing care, which helped to protect individuals from infection.

There were sufficient staff employed by the agency to keep people safe. Staffing levels and recruitment were determined by the number of people using the agency and their needs. The person in charge of the agency told us that she would never send new staff to support people they did not know. A relative confirmed that new staff worked alongside senior staff or in addition to regular carers until deemed competent by senior staff. We spoke with a new staff member who confirmed they had recently been employed by the agency. They described their induction and told us that they were working with more experienced staff all week.

We found that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). This service checks the suitability of people for working with vulnerable adults. We checked seven staff files, which confirmed that all the necessary checks had been completed before they had commenced working at the agency. This helped to reduce the risk of unsuitable staff being employed.



## Is the service effective?

### Our findings

Relatives told us that as much as possible their relative always had the same staff; they said that they never received support from people unfamiliar to them. A relative told us that staff always kept them informed and worked with them to access health services as necessary to maintain their relative's well-being.

Those using the agency and their relatives told us that they frequently had conversations and visits from senior staff to monitor the quality of care provided by the agency. Records held at the agency confirmed this. We were told that they were always involved in the planning and reviewing of the care provided and needed.

Staff had received training regarding the expectations of the agency and its policies and procedures before starting work. New staff worked alongside more experienced staff until they gained sufficient experience. The point at which staff were considered to be competent to work on their own was decided by the manager and the person using the agency. We saw records to show that staff were enrolled to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

At the time of the inspection the agency was fairly new to the Warrington area and was developing its client base and had ongoing recruitment of staff to meet new contracts. We saw formal records of supervision and appraisal for staff and minutes of regular staff meetings. One member of staff told us that this was a positive aspect of working at CASA and felt that the organisation was very supportive. These processes afforded staff the opportunity to discuss their performance and identify any further training they required.

Care records were available to demonstrate when people's health changed. Two relatives confirmed that changes to their relative's health had been reported to them immediately. We were told other health professionals were contacted appropriately. We saw that, in addition to care plans, a summary was available providing relevant personal information, the person's needs and an outline of their abilities. This was available to inform health professionals who may become involved with their care, either through an identified need or an emergency situation. This demonstrated that the agency staff supported people to access and receive on-going healthcare support.

## Is the service caring?

### Our findings

Relatives told us that staff were always respectful towards their relative and showed consideration that they were guests in somebody's home. They told us that staff always knocked and announced themselves; relatives said that whenever staff provided personal care this was done in private, staff always closed doors and curtains to maintain people's dignity.

One person told us that they were "more than happy" with the support from the agency, from the staff based in the office to the carers who came to support their relative. They told us that the agency was very caring and responsive to any of their concerns, emergency cover was effective and somebody was always only a call away. Another told us that all the carers were "very nice" and any concerns were dealt with promptly, professionally and effectively.

We saw the agency maintained a record of compliments, which included: "Thank you for being so lovely"; "Thank you so much for all your kindness"; "Thank you to you and all the girls" and "Just to say thank you very much".

People using the service and their relatives said that they had been involved with all senior staff at the agency. They said that together they had developed the care plan and discussed what needed to be done. We looked at eleven plans of care and found them to be written in a person centred way and instructed staff how to engage with the people they were supporting. Care plans were written inclusively and promoted independence for the people being supported. Plans instructed staff of the individual's needs and included information of what tasks they could do for themselves.

We saw records which demonstrated that people using the agency were supported by individuals with whom they felt comfortable. The manager had processes in place to check on their satisfaction and changed personnel when necessary.

We spoke with three staff who told us that they understood their professional responsibilities in respect of maintaining accurate records, reporting concerns to senior staff and maintaining confidentiality. All staff received training as part of their five day induction relating to, professional boundaries, equality and diversity, confidentiality, skills and attitudes. Staff do not start work at CASA unless they complete all induction training.

## Is the service responsive?

### Our findings

Before people started to use the services of CASA their needs were assessed to make sure the agency could meet their identified needs.

Relatives told us that they saw the staff daily and had regular contact with senior staff of the agency regularly. We were told that any changes in their loved one's condition were identified straight away and information shared with the family and other staff so that people receiving care were supported appropriately. People receiving support and their relatives told us that they were always involved with any change made to their relative's plan of care. We saw care records signed and agreed by people using the service and/or their relatives.

During our visit to the agency offices we heard conversations between care staff and senior staff. Care staff briefed seniors regarding individuals well-being and/or identified any concerns following their visits. Issues regarding health and concerns regarding medication were responded to promptly and effectively.

Care plans were detailed and provided information to help staff understand how people liked to be supported. Staff were knowledgeable about people's health needs.

Care records held at the agency and at the individual's home identified any health professionals involved with their care. These included contact details of their doctors, district nurses, occupational therapist and social workers. This enabled staff to access healthcare support should they judge that it was necessary due to a change in the person's well-being.

We saw that the agency had a complaints procedure and relatives confirmed that they knew how and to whom they could complain. One person told us that matters never escalated as the manager always responded to any concerns they had and visited them to discuss issues. We saw records relating to the complaints procedure and found that complaints had been dealt with in line with company policy. Nobody we spoke with during the inspection had any concerns.

## Is the service well-led?

### Our findings

A Statement of Purpose and Service User Guide were available for people wishing to know about CASA. The agency had a clear vision and a set of values that included providing privacy, dignity and quality care for people wanting to stay in their own homes. They had principles of providing care in a caring, friendly and professional manner which included people's active participation and fulfilment.

The agency had a registered manager who was also responsible for another branch. We spoke to the registered manager and she demonstrated good knowledge of all aspects of the business including the needs of those using the service, the staff team and her responsibilities as manager.

There was a nominated person in charge of the day to day operation of the Warrington branch of the organisation. Senior staff led by example and worked alongside staff to provide the care. Relatives told us that all senior staff were approachable and available if they needed to speak with them.

CASA had systems in place to seek the views of those using the service both informally, at reviews and as part of a formal satisfaction survey. CASA Warrington is relatively new to the area and we therefore only saw cards, letters and verbally communication regarding customer satisfaction at this inspection .

The agency had a computer system linked to the organisation's head office for the purpose of monitoring the performance and the quality of the service offered by CASA Warrington. We saw that the system was able to report on number of hours worked, staffing, training, late or missed calls and other matters relating to the running of the business and performance of the agency staff. Processes were in place for senior staff to review and analyse the information generated by the computer programme. For example outcomes from any complaints, concerns or investigations were recorded, shortfalls in the service delivery were identified so that they could quickly be addressed. This helps in the continual improvement and development of the agency and assists with learning.

The staff we talked to spoke positively about the leadership of the agency. Relatives and staff told us that all senior staff were approachable.

The agency had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising concerns if they felt unable to raise them with the registered manager.